



RELEASE OF MEDICAL INFORMATION TO ATHLETIC COMMISSIONS

OFFICIAL USE by Alabama Athletic Commission Acknowledgement of Receipt

I hereby authorize the Alabama Athletic Commission to release my Protected Health Information - Bloodwork - to the Athletic Commission named below for the purposes of viewing, licensing, matching, competing, suspension, and other purposes as required.

Full Legal Name _____ First Middle Last

Date of Birth ____/____/____ Month Day Year

Day Time Telephone (____)_____

Social Security Number ____/____/____ (REQUIRED)

Send Bloodwork to: What State Athletic Commission? _____

Contact Name: _____

E-Mail: _____

Telephone: _____

- I understand that the information released is for the specific purpose stated above. Any other use of this information without written consent is prohibited.
I understand that I am waiving the protections of privacy provided by the Health Insurance Portability and Accountability Act (H.I.P.A.A.) and other laws. I understand that any private medical information, including HIV-related information and/or behavioral health documentation may be revealed with this disclosure of health information.
I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present it to the Athletic Commission except to the extent that the Athletic Commission has already taken action based upon my authorizations. Unless otherwise revoked this authorization will expire one year from the date of signature.
I understand that a copy of this authorization, including fax or e-mail, will be considered valid.

I have read this entire form and all of my questions about this form have been answered. By signing below, I acknowledge that I accept all of the above.

Print Name of Competitor Signature of Competitor Date

The only Medical Information the Alabama Athletic Commission will release are unexpired bloodwork results.